Data Quality Management Control Program

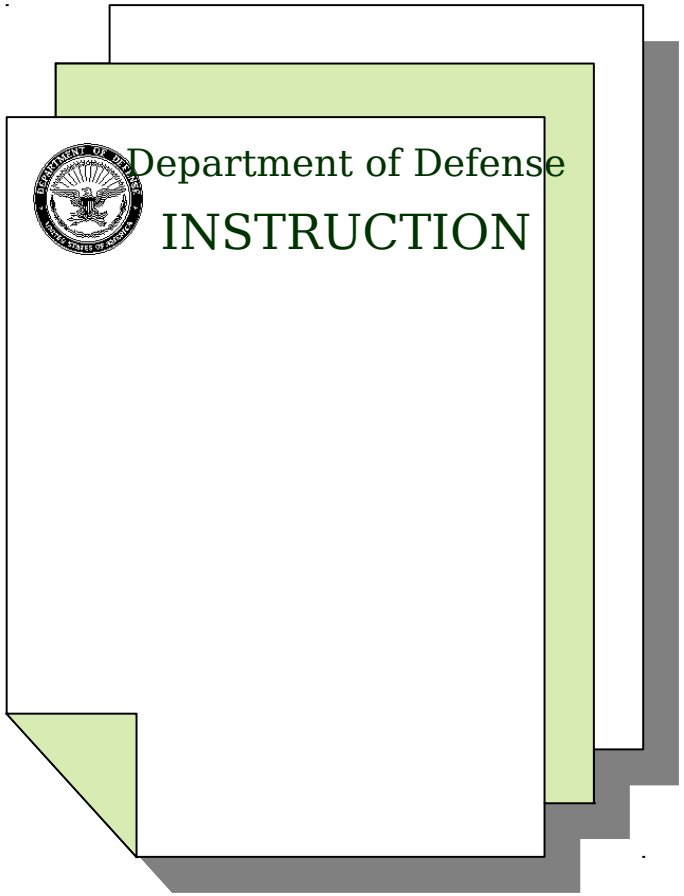
Army – Mr. Tim Bacon

Overview

- Regulatory Guidance
- Program Management
- Organizational Factors
- System Inputs, Processes, and Outputs
  - CHCS
  - ADM
  - MEPRS/EAS
  - TPOCS
  - MEWACS
- Patient Records Accountability
- Coding Audits
  - Sampling Size and Techniques
  - Inpatient Records
  - Outpatient Records
- Workload Comparison
- System Security
- System Design, Development, Operations, and Education and Training

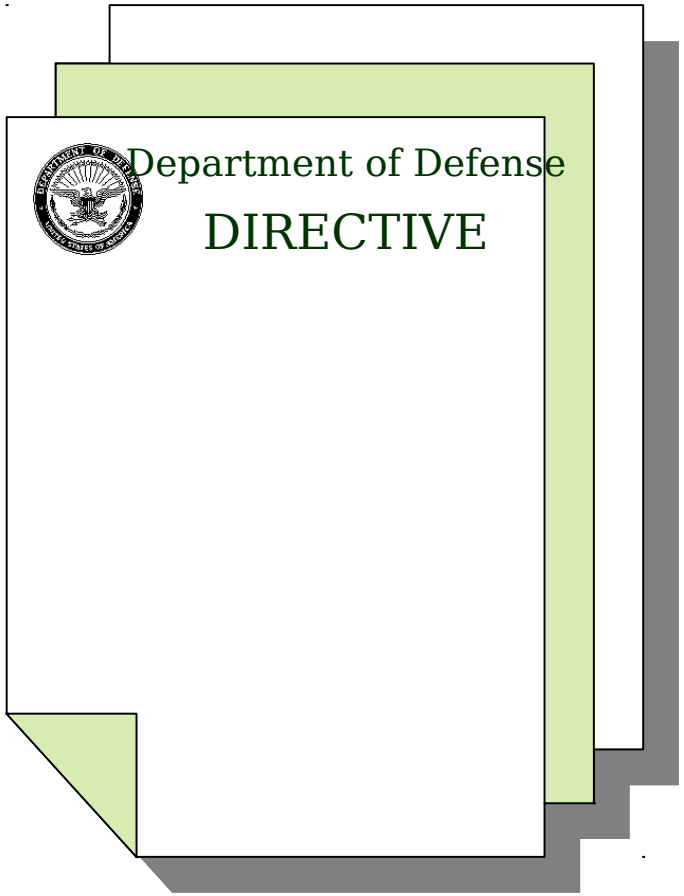
Regulatory Guidance

DODI 6040.40
Military Health System Data Quality Management Control Procedures



Regulatory Guidance

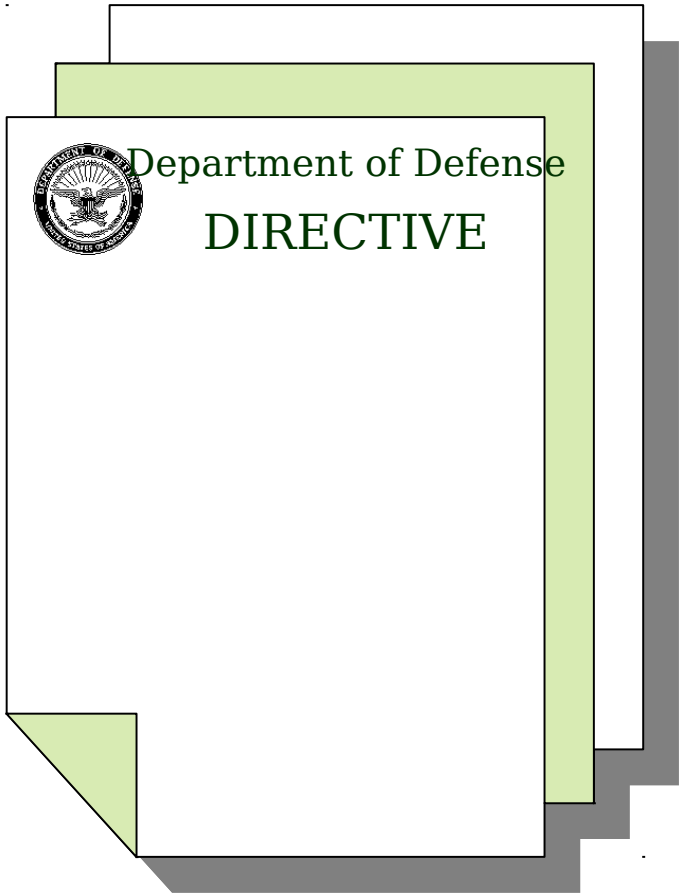
DODD 6040.41
Medical Records Retention and Coding at Military Treatment Facilities



Regulatory Guidance

DODD 6040.42

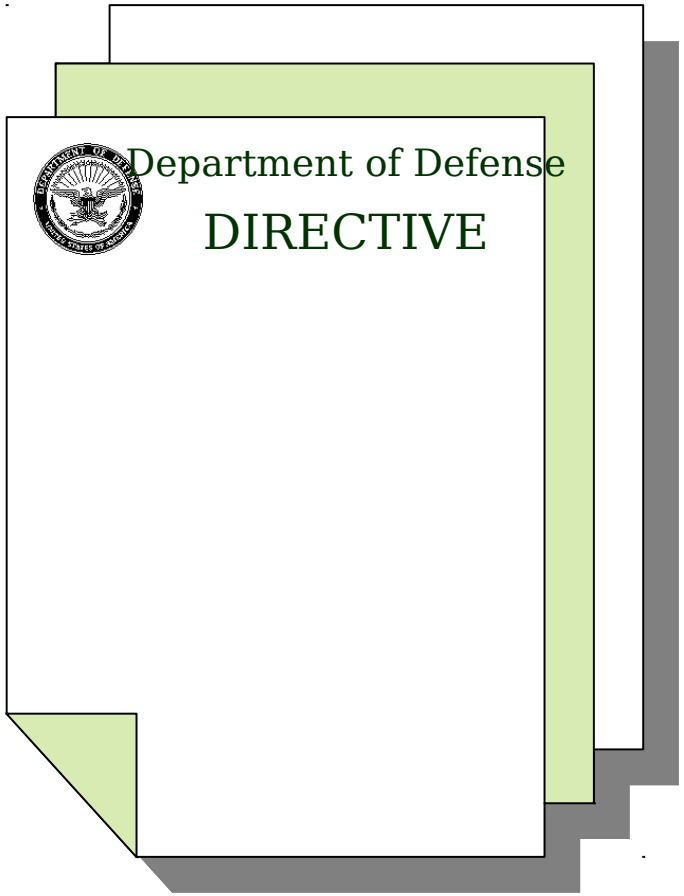
Medical Encounter and Coding at Military Treatment Facilities



Regulatory Guidance

DODD 6040.43

Medical Records Retention and Coding at Military Treatment Facilities



Program Management

- Data Quality Manager
- Data Quality Assurance Team
- Intermediate Command DQ Manager
- Service Data Quality Manager
- DQMC Review List
- Commanders Monthly Data Quality Statement

System Inputs, Processes, and Outputs

- Composite Health Care System (CHCS)
- Ambulatory Data Module (ADM)
- Medical Expense and Performance Reporting System (MEPRS) / Expense Assignment System (EAS)
- Third Party Outpatient Collection System (TPOCS)
- MEPRS Early Warning and Control System (MEWACS)

Data Input
MEPRS/EAS, ADM, CHCS, TPOCS

- Written Procedures
- Current Versions
- Upgrades & Updates
- Rejected Records
- End of Day Processing
  - Percentage of Clinics
  - Percentage of Appointments
- Timely Coding Completion

Commander's Data Quality Statement

- Q. 1. In the reporting month:
  - a) What percentage of clinics have complied with "End of Day" processing requirements, "Every clinic – Every day? (B.5.(a.))
  - b) What percentage of appointments were closed in meeting your "End of Day" processing requirements, "Every appointment – Every day?" (B.5.(b))

Commander's Data Quality Statement

- Q. 2. In accordance with legal and medical coding practices, have all of the following occurred:
  - a) What percentage of Outpatient Encounters, other than APVs, have been coded within 3 business days of the encounter? (B.6.(a))
  - b) What percentage of APVs have been coded within 15 days of the encounter? (B.6.(b))

Commander's Data Quality Statement

- Q. 2. In accordance with legal and medical coding practices, have all of the following occurred:
  - c) What percentage of Inpatient records have been coded within 30 days after discharge? (B.6.(c))

Data Output
MEPRS/EAS, ADM, CHCS, TPOCS

- EAS
  - Financial Reconciliation
  - Inpatient and Outpatient Workload Reconciliations
  - MEWACS Review
  - Timely Data Transmittal
  - Workload Comparison

Commander's Data Quality Statement

- Q. 3. In accordance with TMA policy, *"Implementation of EAS/MEPRS Data Validation and Reconciliation,"* dated 21 Dec 99 and "MEPRS Early Warning and Control System," dated 28 May 02, along with the most current Service-Level Guidance: (C.1.)
  - a) Was monthly MEPRS/EAS financial reconciliation process completed?

Commander's Data Quality Statement

- Q. 3. In accordance with TMA policy, *"Implementation of EAS/MEPRS Data Validation and Reconciliation,"* dated 21 Dec 99 and "MEPRS Early Warning and Control System," dated 28 May 02, along with the most current Service-Level Guidance: (C.1.)
  - b) Were monthly Inpatient and Outpatient workload reconciliation processes completed?

Commander's Data Quality Statement

- Q. 3. In accordance with TMA policy, *"Implementation of EAS/MEPRS Data Validation and Reconciliation,"* dated 21 Dec 99 and "MEPRS Early Warning and Control System," dated 28 May 02, along with the most current Service-Level Guidance: (C.1.)
  - c) Were the data load status, outlier/variance, WWR-EAS IV, and allocations tabs in the current MEWACS document reviewed and explanations provided for flagged data anomalies?

Commander's Data Quality Statement

- Q. 4. Compliance with TMA or Service-Level guidance for timely submission of data (C.3.).
  - a) MEPRS/EAS (45 days)

Data Output
MEPRS/EAS, ADM, CHCS, TPOCS

- CHCS
  - Duplicate Records
  - Timely Data Transmittal
    - Standard Inpatient Data Record (SIDR)
    - Worldwide Workload Report
  - Inpatient Records
    - Accountability
    - Documentation
    - Coding
    - SIDRs completed (in a “D” status)
  - Workload Comparison

Commander's Data Quality Statement

- Q. 4. Compliance with TMA or Service-Level guidance for timely submission of data (C.3.).

  b) SIDR/CHCS (5th and 20th working day following month)

Commander's Data Quality Statement

- Q. 4. Compliance with TMA or Service-Level guidance for timely submission of data (C.3.).
  - c) WWR/CHCS (10th calendar day following month)

Commander's Data Quality Statement

- Q. 4. Compliance with TMA or Service-Level guidance for timely submission of data (C.3).
  - d) SADR/ADM (daily)

Commander's Data Quality Statement

- Q. 5. Outcome of monthly inpatient coding audit: (C.5.(c))

  Inpatient Records (DRG) # Records Reviewed:_____ % Correct _____

Data Output
Inpatient Coding

- Coding
  - DRG Codes
  - Related Data Elements (C.5)
    - All Diagnoses
    - Any Procedures
    - Sex
    - Age
    - Discharge/Disposition
- Percentage of SIDRs Completed (D-Status)

Data Output
MEPRS/EAS, ADM, CHCS, TPOCS

- ADM
  - Timely Data Transmittal
    - Standard Ambulatory Data Record (SADR)
  - Error Logs
  - Workload Comparison

Commander's Data Quality Statement

- Q.6. Outpatient Records
  - a) Percentage of outpatient medical records on-hand containing the documentation and/or the loose documentation of the encounter selected to be audited or documented as checked out? (C.6)

Data Output
Outpatient Coding

- Sample Size
- Accountability
  - Percentage Located or Properly Checked Out
  - Checked-out Over 30-Days?
- DD Form 2569 (Third Party Insurance Information)

Data Output
Outpatient Coding

- E&M Codes
- ICD-9 Codes
- CPT Codes

Commander's Data Quality Statement

- Q. 6. Outpatient Records.
  - b) What was the percentage of E & M codes deemed correct? (E & M code must comply with current DoD guidance.) (C.7.(b))

Commander's Data Quality Statement

- Q. 6. Outpatient Records.
  - c) What was the percentage of ICD-9 codes deemed correct? (C.6.(c))

Commander's Data Quality Statement

- Q. 6. Outpatient Records.
  - d) What was the percentage of CPT codes deemed correct? (CPT code must comply with current DoD guidance.) (C.7.(d))

Commander's Data Quality Statement

- Q. 6. Outpatient Records.
  - e) What percentage of completed & current DD Form 2569s are maintained in the record (non-active duty)? (C.7.(e))

Commander's Data Quality Statement

- Question 7 Ambulatory Procedure Visits (C.7.a,b,c,d,e)
- Questions 7.a,b,c,d,e, Are the same as Questions 6.a,b,c,d,e

Commander's Data Quality Statement

- Q. 8. Comparison of reported workload data (C.9).
  - a) SADR Encounters / WWR visits
  - b) SIDR Dispositions / WWR Dispositions
  - c) EAS Visits / WWR Visits
  - d) EAS Dispositions / WWR Dispositions
  - e) IBWA SADR encounters (A***)/Sum WWR Bed Days

Data Output
Workload Comparison

- SADR Encounters / WWR Visits
  - Should Have More Encounters Than Visits
  - Encounters – Omit Appt. Status of “No-Shows,” “Canceled,” and Disposition Code “Left Without Being Seen”
  - Encounters – Include Appt. Status “TelCon”
  - Only SADR Records Marked with an Appt. Status of “C” (complete) Are To Be Included

Data Output
Workload Comparison

- SIDR Dispositions / WWR Dispositions
  - Must Match
  - Only SIDRs With a Disposition of Status of “D” Are To Be Included
  - SIDRs – Exclude Carded for Record Only (CRO) and Absent Sick Records

Data Output
Workload Comparison

- EAS Visits / WWR Visits
  - Must Match
  - Include MEPRS Functional Cost Code B** (Outpatient) and FBN (Hearing Conservation)
  - Include APVs

Data Output
Workload Comparison

- EAS Dispositions / WWR Dispositions
  - Must Match
  - Only SIDRs with a Disposition Status of “D” are to be included

Commander's Data Quality Statement

- Q. 9. – I am aware of data quality issues identified by the DQMC Review List and when needed, have taken action to improve the data from my facility.

Security

- Responsibilities Formally Assigned?
- HIPAA Compliance
  - Password Protection
  - Access
  - Confidentiality
  - Level of Access

System Design, Operations, and Education/Training

- System Administrator Appointed In Writing for Each System
- Training and Education Procedures and Documentation
- System Change Request Process
- System Incident Report
- Routine Maintenance
- Points of Contact for Equipment Failure Issues
- Contingency Plans

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